

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-029513

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 590

Registrar's No. 2059

FILED AUG 3 1962

VS 300
Rev. 4/59

14042

2 21

3

4 0

5 2

6

7 1

8 2

9309X

10

11

1286-0

13

88

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis County.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Valley Park Mo.		c. CITY OR TOWN St. Louis.	
c. FULL NAME OF (If NOT in hospital, give location) Home. HOSPITAL OR INSTITUTION Valley Park Nursing		d. STREET ADDRESS (If outside, give location) 2120 S. Grand Blvd.	
3. NAME OF DECEASED (Type or print) First Anton Middle G. Last Leisch		4. DATE OF DEATH Month July Day 12 Year 62	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-27-80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Wisconsin.
13a. FATHER'S NAME Conrad Leisch.		13b. MOTHER'S MAIDEN NAME Margaret Nicolai.	14. NAME OF HUSBAND OR WIFE Barbara Leisch.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address A Harry C. Smith. 3455 Alberta.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Brain Syndrome			INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from July 3, 1962 to July 12, 1962 and last saw him alive on July 8, 1962. Death occurred at 2:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Forrit G. Leisch (Degree or title) M.D.	22b. ADDRESS 1502 Cass Ave	22c. DATE SIGNED 7-13-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-16-1962	23c. NAME OF CEMETERY OR CREMATORY Sunset.	23d. LOCATION (City, town, or county) St. Louis, County Mo.
24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand Blvd	25. DATE RECD. BY LOCAL REG. 7-13-62		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Robert D. Sanders
1502a Cass Ave.
Ce. 1-9316.
2P.M. to 5 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold E. Hill

Licensed Embalmer No.

4347

P. O. Address

6322 So Paul

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.